Overload Course Request Form

Semester: □ Fall □ Spring □ Summer **Year:** _____

Student Name: _____ Student ID#: _____
               Last   *First*   *M.I.*

_____ Tel: (____) _____
Address   *Apt #*

_____ Cell: (____) _____
City   *State*   *Zip Code*

Reason for overload request: _____

_____

Current course registration			
CRN Number	Subject	Number	Credit Hrs.
Total Hours:			

Overload course(s) requested			
CRN Number	Subject	Number	Credit Hrs.
Total Hours:			

Cumulative hours for the semester:_____

*If course is full, the student must obtain written permission from the department and instructor before the course will be added.

Student Signature: _____ Date: _____

Approvals: *Note: All signatures <u>in the order below</u> are required before the request will be processed.*

Academic Advisor: _____ Date: _____

VPASA:_____ _____ Date: _____

Registrar: _____ Date: _____